



SITE SAFE

Te Kaitiaki o Haumaru



Whero (Red) Site-Specific Safety Plan (SSSP)

Whero (Red) Project Plan

SSSP Form 1

This first section is used to establish the type and degree of documentation required. Completing it will help indicate what is essential and what is not required.

1 Project name or location

Write project name or location of site.

--

2 Outline of work being undertaken

Write a brief outline of the scope of work this SSSP relates to.


--

3 Subcontractors

Tick one – Will you be using subcontractors for any part of your contracted work?

Yes No

Write the **business name** of any subcontractors being used.

 As evidence of due diligence, retain a copy of your Subcontractor's SSSP or other agreed evidence before the Subcontractor begins work on this site.

4 Significantly Hazardous Activities

Review this list and **tick** those that are applicable to your activities.

Excavations less than 1.5m deep	Erection / dismantling scaffolds over 3m
Structural demolition	Asbestos related activities
Structural propping & false-works	Height activities requiring use of harness
Crane lifts	Tower crane erection / dismantling
Confined space entry	Live electrical work
Where tools / materials could fall from height	Work creating, removing or adjacent to penetrations or openings with a fall hazard
Generation of silica dust	Generation of wood dust
Use of products / machinery requiring spill control	Use of highly toxic, eco-toxic, flammable or explosive products, substances or materials
Hot-works, including activities that generate sparks	Lead paint removal or coating
MEWP use (any type)	Work over or adjacent to deep water or other fluids
Operation of plant & machinery	Exposure to processes, equipment or power tools that create vibration
Concrete pumping	Close approach to above or underground services
Generation of noise in excess of 85dB	Use of supplied breathing air
Direct drive nailgun use	Isolated or lone workers
Use of combustion engine in enclosed space	Inexperienced workers or workers of unknown skillset / background
Activities or processes that could effect the public or other workers	Activities or processes which could have an environmental impact
Activities that create risks to eyes, hands or head	Creation of slip, trip, fall hazards
Truck loading and unloading	Work from a swinging-stage or BMU
Work undertaken on steep slopes	Use and / or storage of hazardous products, substances or materials
Manual handling of heavy or repetitive loads	Other

Record the ticked items in your Hazard / Risk Register.

- Do not record non-significant hazards in the Hazard / Risk Register.
- This list is not exhaustive. You may record other significant hazards that are not on this list.

5 Activities Requiring a Safe Work Plan

The following activities require the development of a Safe Work Plan before the activity is begun.

- Any work requiring a “Particular Hazard Notification” to WorkSafe NZ must have a Safe Work Plan.
- Do not create the Safe Work Plan until it is needed.
- A Safe Work Plan may be one or a combination of the following – Task Analysis, Job Safety Analysis, Safe Work Method Statement, Permit to Work, Safe Operating Procedure (this last must be made relevant to the site and project) or other methods as agreed with PCBU1.
- This list is not exhaustive, you may create Safe Work Plans for high risk situations that are not on this list.

Check any activities that will require the development of a Safe Work Plan before the activity is begun.

Operation of heavy plant & machinery	Excavations more than 1.5m deep
Structural demolition	All asbestos related activities
Structural propping & false-works	Height activities requiring use of harness
Crane lifts	Tower crane erection / dismantling
Confined space entry	Live electrical work
Where tools / materials could fall from height	Work creating, removing or adjacent to penetrations or openings with a fall hazard
Generation of silica dust	Generation of wood dust
Use of products / machinery that require spill control	Use and / or storage of hazardous products, substances or materials
Hot-works, including activities that generate sparks	Other

6 Notification to WorkSafe NZ

Tick below if work activities require notification to WorkSafe NZ?

Yes No

If ‘Yes’, **write** any notifiable activities below.

7 Onsite communications

How will you be communicating health and safety information and activities to your employees, subcontractors and other PCBU's?

Tick requirements and **write** communications frequency

Toolbox talks

Project pre-start briefings

Daily pre-start briefing

Progress meetings

Other

8 Self-inspection

We will carry out the following inspections throughout the duration of the project.

Tick requirements and **write** communications frequency

Pre-start inspection

Before start, by:

Site inspection

Weekly, on day of week:

Major plant or equipment

Weekly, on day of week:

Vehicles

Weekly, on day of week:

Specialist (MEWP / Cranes)

Weekly, on day of week:

Other

Comment:

9 Environmental

Will vehicles or equipment be refuelled onsite?

Yes No

If 'Yes', **write** the mitigation method below.

Will equipment used with concrete or mortar be washed / cleaned onsite?

Yes No

If 'Yes', **write** the mitigation method below.

Could site run-off enter a drain or waterway?

Yes No

If 'Yes', **write** the mitigation method below.

Could noise levels adversely effect those outside of the site?

Yes No

If 'Yes', **write** the mitigation method below.

Will dust be generated that could adversely affect members of the public or other workers in the vicinity?

Yes No

If 'Yes', **write** the mitigation method below.

Will fumes or smoke be generated that could adversely affect members of the public or other workers in the vicinity?

Yes No

If 'Yes', **write** the mitigation method below.

Will waste material or empty product containers be generated?

Yes No

If 'Yes', **write** the mitigation method below.



Site / Job Hazard and Risk Register

This Site / Job Hazard and Risk Register is used by the contractor (PCBU 2) and relates to **significant** site or job-specific hazards only. **Do not record minor tasks or activities here.**

Potential hazard <u>List</u> the more significant hazards that will occur during your activities on site.		Potential harm <u>List</u> the potential harm that could arise from these hazards	Initial risk <u>Evaluate</u> the risk level without controls using the Risk Matrix	Controls <u>Identify</u> your control methods.	Residual risk <u>Re-evaluate</u> the risk level with controls using the Risk Matrix.
1					
2					
3					
4					
5					

Site / Job Hazard and Risk Register (cont.)

SSSP Form 2

This Site / Job Hazard and Risk Register is used by the contractor (PCBU 2) and relates to **significant** site or job-specific hazards only. **Do not record minor tasks or activities here.**

Potential hazard <u>List</u> the more significant hazards that will occur during your activities on site.		Potential harm <u>List</u> the potential harm that could arise from these hazards	Initial risk <u>Evaluate</u> the risk level without controls using the Risk Matrix	Controls <u>Identify</u> your control methods.	Residual risk <u>Re-evaluate</u> the risk level with controls using the Risk Matrix.
6					
7					
8					
9					



10					
----	--	--	--	--	--

Hazardous Products and Substances Inventory / Register

SSSP Form 3



This form must be returned to the Main Contractor, irrespective of content.

- Hazardous products and substances include glues, resins, solvents, fuels, expanders, adhesives, bonding agents and cleaning agents etc.
- Complete this form for all the materials you will bring onsite.
- You are required to have a Safety Data Sheet (SDS) for every potentially harmful product, substance or material you bring to site.
- Copies of Safety Data Sheets (SDS) must be supplied with this SSSP.
- Extra copies may be printed as required.

Product, substance, or material name	Form – liquid (L) solid (S) gas (G)	Total volume onsite	Location of SDS onsite	UN class & packing group	HSNO approval # & group standard Sec 14-15 of SDS	HSNO classification	Storage location onsite	Special storage requirements Sec 7 & 10 of SDS	PPE requirements Sec 8 of SDS

Hazardous Products and Substances Inventory / Register (cont.)

SSSP Form 3



Product, substance, or material name	Form – liquid (L) solid (S) gas (G)	Total volume onsite	Location of SDS onsite	UN class & packing group	HSNO approval # & group standard Sec 14-15 of SDS	HSNO classification	Storage location onsite	Special storage requirements Sec 7 & 10 of SDS	PPE requirements Sec 8 of SDS

Training and Qualification Register

SSSP Form 4

Complete the register for each of your workers who will attending this site, noting only the training, qualification and/or experience **that are relevant to this job**.

First and last name	Key role or tasks on this job	Training and/or qualifications relevant to this job	Training expiry date	No. of years experience
And ID No. (if applicable)	Supervisor H&S Rep First Aid Role	Any Site Safe training, trade and skills training, formal qualifications – certificates, licences, cards, unit standards etc...	Any training expiry dates	Number of years of experience relating to the role or task
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

Examples – **EWP** (elevated work platform), **PAT** (powder actuated tool), **FL** (fork lift), **FA** (fall arrest), **SCA** (scaffold), **DOG** (dogman), **LBP** (Licensed Building Practitioner – card type and number), **CRA** (crane – specify type), **MP** (mobile plant – specify type), **RELECT** (registered electrical worker), **ELTAG** (electrical testing and tagging), **STMS** (site traffic management supervisor), **TC** (traffic controller), **EXP** (explosives), **NZQA** (trade or safety units).

Training and Qualification Register (cont.)

SSSP Form 4

First and last name	Key role or tasks on this job	Training and/or qualifications relevant to this job	Training expiry date	No. of years experience
And ID No. (if applicable)	Supervisor H&S Rep First Aid Role	Any Site Safe training, trade and skills training, formal qualifications – certificates, licences, cards, unit standards etc...	Any training expiry dates	Number of years of experience relating to the role or task
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

Examples – **EWP** (elevated work platform), **PAT** (powder actuated tool), **FL** (fork lift), **FA** (fall arrest), **SCA** (scaffold), **DOG** (dogman), **LBP** (Licensed Building Practitioner – card type and number), **CRA** (crane – specify type), **MP** (mobile plant – specify type), **RELECT** (registered electrical worker), **ELTAG** (electrical testing and tagging), **STMS** (site traffic management supervisor), **TC** (traffic controller), **EXP** (explosives), **NZQA** (trade or safety units).

Training and Qualification Register (cont.)

SSSP Form 4

First and last name	Key role or tasks on this job	Training and/or qualifications relevant to this job	Training expiry date	No. of years experience
And ID No. (if applicable)	Supervisor H&S Rep First Aid Role	Any Site Safe training, trade and skills training, formal qualifications – certificates, licences, cards, unit standards etc...	Any training expiry dates	Number of years of experience relating to the role or task
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

Examples – **EWP** (elevated work platform), **PAT** (powder actuated tool), **FL** (fork lift), **FA** (fall arrest), **SCA** (scaffold), **DOG** (dogman), **LBP** (Licensed Building Practitioner – card type and number), **CRA** (crane – specify type), **MP** (mobile plant – specify type), **RELECT** (registered electrical worker), **ELTAG** (electrical testing and tagging), **STMS** (site traffic management supervisor), **TC** (traffic controller), **EXP** (explosives), **NZQA** (trade or safety units).

Site Inspection Checklist – Generic

SSSP Form 5

Write location

Write the name of the inspector

Time

Date

 / /

1 Site Control

- ☐ a. Hazard board and signage up-to-date
- ☐ b. Environmental plan – issues
- ☐ c. Toolbox talk last date

 / /

- ☐ d. Safety inductions for all on site
- ☐ e. Safety notice board current

2 Site Facilities

- ☐ a. Offices clean, adequate & good lighting
- ☐ b. Smoko sheds – clean, potable water
- ☐ c. Toilets – clean, washing water
- ☐ d. Tool/equipment sheds adequate

3 General Site Tidiness & Access Ways

- ☐ a. Clear, safe access to work areas
- ☐ b. Stairways and access ways clear
- ☐ c. Hoardings/fence and gates secure
- ☐ d. Loose materials secure from wind

4 Personal Safety Equipment

- ☐ a. Signage displayed and legible
- ☐ b. Hardhats being worn
- ☐ c. Correct footwear being worn
- ☐ d. Glasses/ear muffs/vests/masks used

5 First Aid/Fire Prevention

- ☐ a. First aid box available
- ☐ b. Accident register available
- ☐ c. Fire extinguishers available
Current (12mth)
Sufficient number
- ☐ d. Evacuation procedure current
All emergencies included

6 Cranes/Hoist/Lifting Equipment

- ☐ a. Proper lift assessment plan done
- ☐ b. Crane certification current
- ☐ c. Slings/chains certified
- ☐ d. Operator procedures in place
- ☐ e. Inspections being done
- ☐ f. Man cage available
- ☐ g. Emergency plan in place

Site Inspection Checklist – Generic

SSSP Form 5

7 Compressed Air Equipment

- ☐ a. In good condition
- ☐ b. Appropriate guards fitted
- ☐ c. Trained user

8 Excavations

- ☐ a. Correctly shored and secured

9 Welding/Gas Cutting

- ☐ a. Hot work permits being issued
- ☐ b. Fire extinguishers on hand
- ☐ c. Operators using PPE

10 Electrical Equipment

- ☐ a. Main board lockable/weatherproof
- ☐ b. Current tagged and damage-free leads
- ☐ c. Current tagged plant
- ☐ d. Current tagged lifeguards
- ☐ e. Leads safely placed
- ☐ f. Equipment in good condition
- ☐ g. Appropriate guards on equipment
- ☐ h. Adequate temporary lighting

11 Chemicals

- ☐ a. Correctly stored
- ☐ b. Safety Data Sheet (SDS) available
- ☐ c. Operators using PPE

12 Tools

- ☐ a. PAT tool WoF current and secure
- ☐ b. Staff trained in tool use (SWPS)
- ☐ c. PAT signage on site

13 Scaffolding

- ☐ a. Notifiable weekly Scafftag/current
- ☐ b. Handrails/mid-rails
- ☐ c. Toe boards
- ☐ d. Platforms
- ☐ e. Ladders/stairs
- ☐ f. Base sound
- ☐ g. Work platforms clear
- ☐ h. Platforms trip free
- ☐ i. Planks tied down
- ☐ j. Headroom clear
- ☐ k. Ties/bracing adequate

14 Ladders

- ☐ a. Good condition
- ☐ b. Secured top and bottom
- ☐ c. Stays to step ladders
- ☐ d. Working 2 steps down

15 Fall Hazards

- ☐ a. Floor edges / openings
- ☐ b. Lift shafts / stairs



Site Inspection Checklist - Remedial Action Required

Item	Comments/action description	Person to action	Complete



Site Inspection Checklist - Remedial Action Required (cont.)

SSSP Form 5

Item	Comments/action description	Person to action	Complete



Site Inspection Checklist - Remedial Action Required (cont.)

SSSP Form 5

Item	Comments/action description	Person to action	Complete

Toolbox Talk Minutes

SSSP Form 6



This document is a companion document to the site inspection checklist.

1 Project information

Tick one – is this a site-specific or in-house meeting?

☐ Site-specific ☐ In-house

Write project name or location of site.

Write office location.

Write the name of who is running this meeting.

Company

Date

 / /

2 Agenda items

Write the theme of the meeting (topic for focus).

List agenda items.

Toolbox Talk Minutes

SSSP Form 6



3 Health and safety issues

Site activities/safe work practices/incident reports and investigations discussed.

Issues raised from site safety inspection

Actions

By who and when

--	--	--

Issues outstanding from previous briefings

Actions

By who and when

--	--	--

Employee-raised issues

Actions

By who and when

--	--	--

Positive safe-action observations

Actions

By who and when

--	--	--

Incidents or injuries

Actions

By who and when

--	--	--

4 Job plans reviewed

Includes permits to work, Task Analysis or other documented work-planning process.

Job/task

Action/outcome

Toolbox Talk Minutes

SSSP Form 6



5 Operational issues

Day-to-day site management issues/items for discussion.

Issue	Action

6 Other business

Item	Action

7 Attendees

Name	Signature

8 Review by management

Party 1	Party 2

Site Emergency Response Plan

SSSP Form 7



1 In the case of emergency requiring evacuation of the project, either:

FIRE, EARTHQUAKE, SERIOUS ACCIDENT, STRUCTURAL COLLAPSE, TSUNAMI, EXPLOSION, AVIATION INCIDENT, HAZARDOUS SPILL OR PRACTICE EVACUATION

The following warning will sound:

2 If this warning sounds, **SHUT DOWN** all plant and equipment. All personnel on the project are to proceed **IMMEDIATELY** by the **SAFEST IDENTIFIABLE ROUTE** to the **SAFE ASSEMBLY POINT**:

And **REMAIN** there, so **ALL** personnel can be **ACCOUNTED FOR**. **DO NOT RETURN** to the project until the project manager has given the **OFFICIAL CLEARANCE**

Medical facilities located at:

3 When calling 111, **READ THE FOLLOWING TO THE DISPATCHER**:

We have an emergency at...

We need help from Ambulance / Fire...

Directions to the emergency are...

Our phone number is...

The medical problem seems to be...

Send someone outside to meet the emergency services

4 Emergency telephone numbers:

Dial 111 for: **FIRE, AMBULANCE, POLICE, GAS, CHEMICAL SPILLS**

Phone numbers may differ – check your local directory

HOSPITAL ()

WORKSAFE NZ (0800) 030 040

CIVIL DEFENCE ()

POISON CENTRE (0800) 764 766

POWER (Customer Service) ()

24hr Faults ()

SAFETY MANAGER IS:

TRAINED FIRST AIDER IS:

FIRST AID KIT AND FIRE EXTINGUISHER LOCATED AT SITE OFFICE OR:

Incident and Injury Register

SSSP Form 8



All businesses are required to have processes for receiving, recording and evaluating information regarding any incidents or near-miss situations that occur.

Date and time of occurrence	Details	Immediate action taken?	Next steps	Signature and date of signoff		
	Name of person (injured or observer), description of incident/near miss, type of injury/disease (if any). How did it happen? (briefly).	First aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this incident require a WorkSafe notification	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Corrective action	<input type="checkbox"/> Yes <input type="checkbox"/> No	Should this incident be investigated by your company (PCBU 2)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Update/ review hazard register	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this incident the subject of a toolbox talk?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Review hazard register	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		First aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this incident require a WorkSafe notification	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Corrective action	<input type="checkbox"/> Yes <input type="checkbox"/> No	Should this incident be investigated by your company (PCBU 2)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Update/ review hazard register	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this incident the subject of a toolbox talk?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Review hazard register	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		First aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this incident require a WorkSafe notification	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Corrective action	<input type="checkbox"/> Yes <input type="checkbox"/> No	Should this incident be investigated by your company (PCBU 2)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Update/ review hazard register	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this incident the subject of a toolbox talk?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Review hazard register	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Incident Investigation and Report

SSSP Form 9



File number:

Hazard entered in register:

☐

1 Investigation details

Write investigator name

Signature

Investigation start date

Investigation end date

 / / / /

2 Occurrence details

This report relates to:

☐ Injury/Harm ☐ Property damage ☐ Near-miss

Incident date

Time

 / /

Location

Date reported

 / /

Person involved

Address

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Phone number

Length of employment

Age

Incident Investigation and Report

SSSP Form 9

File number:

3 Injury / harm details

Indicate the type/s of injuries sustained

<input type="checkbox"/> Crush / Impact	<input type="checkbox"/> Bruising
<input type="checkbox"/> Strain / Sprain	<input type="checkbox"/> Scratch / Abrasion
<input type="checkbox"/> Fracture / Break	<input type="checkbox"/> Amputation
<input type="checkbox"/> Cut / Laceration	<input type="checkbox"/> Burn / Scald
<input type="checkbox"/> Dislocation	<input type="checkbox"/> Internal Injury
<input type="checkbox"/> Foreign body	<input type="checkbox"/> Allergic Reaction
<input type="checkbox"/> Penetration	<input type="checkbox"/> Other (Describe Below)

Describe limb/body part affected and the nature of the injury

Injury severity rating

☐ Minor ☐ Moderate ☐ Notifiable injury

WorkSafe notified?

☐ Yes ☐ No

Injury response

☐ Nil ☐ First Aid only ☐ Medical attention ☐ Emergency services

Comment

Outcome

☐ Return to work ☐ Alternative duties ☐ Time off

Incident Investigation and Report

SSSP Form 9



File number:

4 Near-miss details

Describe the occurrence

Severity

☐ Significant

☐ Notifiable injury

WorkSafe notified?

☐ Yes

☐ No

5 Damage details

Describe the property / item / material damaged

Describe the nature of the damage

Describe the action / object / vehicle / thing involved

Incident Investigation and Report

SSSP Form 9



File number:

6 Incident description

Describe what happened - attach additional notes if necessary (attach diagrams - essential for all vehicle incidents)

7 Analysis

Write about contributing causes (these are the actions or inaction or conditions at the time that triggered the incident)

Write about primary causes (these are the system or process failures, planning and / or management failures that allowed the potential for the incident to develop in the first place)

Incident Investigation and Report

SSSP Form 9



File number:

--

8 Prevention

What action has or will be taken to rectify the situation and / or prevent a recurrence?)

By whom

When

--	--	--

What action has or will be taken to rectify the situation and / or prevent a recurrence?)

By whom

When

--	--	--

What action has or will be taken to rectify the situation and / or prevent a recurrence?)

By whom

When

--	--	--

What action has or will be taken to rectify the situation and / or prevent a recurrence?)

By whom

When

--	--	--

9 Sign-off

Signed for employer

--

Date signed

		/			/				
--	--	---	--	--	---	--	--	--	--

Signed by employee/s

--

Date signed

		/			/				
--	--	---	--	--	---	--	--	--	--

Incident Investigation and Report

SSSP Form 9



File number:

10

Additional incident notes

Task Analysis [TA] + Emergency Rescue / Response Plan

SSSP Form 10

Task Analysis [TA]

Tick one – is a translator required?

☐ Yes ☐ No

Tick one – is an Emergency Rescue/Response Plan attached?

☐ Yes ☐ No

Site name

PCBU2 Company Name

PCBU2 Site Contact Information

Task Analysis sign-on

All workers involved in the task must sign this register to show that they have been consulted in the processes and will work to the requirements of this TA.

Worker Name	Worker signature

Worker Name	Worker signature
Works Supervisor Name	Works Supervisor signature

Work method statement

Describe the activity and how it will be carried out. Where possible, **identify** the individuals who will be carrying out the task/s and their roles in it.









Task Analysis [TA] + Emergency Rescue / Response Plan

SSSP Form 10

Task Analysis [TA]

Identify PPE to be used

NOTE: PPE may be used in conjunction with other methods of control but must never be the only method of control. Place a tick next to each item to be used as part of the control process.

☐ 
☐ 
☐ 
☐ 
☐ 
☐ 
☐ 
☐ 
☐ Other

Sequence of basic steps

Potential hazards and risks

Initial risk

Control methods and level of control

Hierarchy of Control Level

Residual risk

Describe each step in the activity – most will have 4-8 steps. Follow the flow of the product or process

Describe the key hazards and risks for each step – there will normally be more than one per step.

What would the risk level be without controls? *Refer to the risk assessment matrix*

Describe the method/s that will be used to control the risk (refer to the hierarchy of controls for guidance)

What is the risk level after controls are in place? *Refer to the risk assessment matrix*

Step 1	1a					
	1a					
	1b					
	1c					
	1d					

Task Analysis [TA] + Emergency Rescue / Response Plan

SSSP Form 10

Task Analysis [TA]

Identify PPE to be used

NOTE: PPE may be used in conjunction with other methods of control but must never be the only method of control. Place a tick next to each item to be used as part of the control process.

☐ 
☐ 
☐ 
☐ 
☐ 
☐ 
☐ 
☐ 
☐ Other

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Potential hazards and risks

Initial risk

Control methods and level of control

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Describe the method/s that will be used to control the risk (refer to the hierarchy of controls for guidance)

What is the risk level after controls are in place? *Refer to the risk assessment matrix*

Step 2	2a					
	2a					
	2b					
	2c					
	2d					








Task Analysis [TA] + Emergency Rescue / Response Plan

SSSP Form 10

Task Analysis [TA]

Identify PPE to be used

NOTE: PPE may be used in conjunction with other methods of control but must never be the only method of control. Place a tick next to each item to be used as part of the control process.

☐ 
☐ 
☐ 
☐ 
☐ 
☐ 
☐ 
☐ 
☐ Other

Sequence of basic steps

Potential hazards and risks

Initial risk

Control methods and level of control

Hierarchy of Control Level

Residual risk

Describe each step in the activity – most will have 4-8 steps. Follow the flow of the product or process

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What would the risk level be without controls? *Refer to the risk assessment matrix*

Describe the method/s that will be used to control the risk (refer to the hierarchy of controls for guidance)

What is the risk level after controls are in place? *Refer to the risk assessment matrix*

Step 3	3a					
	3a					
	3b					
	3c					
	3d					

Task Analysis [TA] + Emergency Rescue / Response Plan

SSSP Form 10

Task Analysis [TA]

Identify PPE to be used

NOTE: PPE may be used in conjunction with other methods of control but must never be the only method of control. Place a tick next to each item to be used as part of the control process.

☐ 
☐ 
☐ 
☐ 
☐ 
☐ 
☐ 
☐ 
☐ Other

Sequence of basic steps

Potential hazards and risks

Initial risk

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Describe the key hazards and risks for each step – there will normally be more than one per step.

What would the risk level be without controls? *Refer to the risk assessment matrix*

Describe the method/s that will be used to control the risk (refer to the hierarchy of controls for guidance)

What is the risk level after controls are in place? *Refer to the risk assessment matrix*

Step 4	4a					
	4b					
	4c					
	4d					

Task Analysis [TA] + Emergency Rescue / Response Plan

SSSP Form 10

Task Analysis [TA]

Identify PPE to be used

NOTE: PPE may be used in conjunction with other methods of control but must never be the only method of control. Place a tick next to each item to be used as part of the control process.

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☐ 
☐ Other

Sequence of basic steps

Potential hazards and risks

Initial risk

Control methods and level of control

Hierarchy of Control Level

Residual risk

Describe each step in the activity – most will have 4-8 steps. Follow the flow of the product or process

Describe the key hazards and risks for each step – there will normally be more than one per step.

What would the risk level be without controls? *Refer to the risk assessment matrix*

Describe the method/s that will be used to control the risk (refer to the hierarchy of controls for guidance)

What is the risk level after controls are in place? *Refer to the risk assessment matrix*

Step 5	5a					
	5a					
	5b					
	5c					
	5d					

Task Analysis [TA] + Emergency Rescue / Response Plan

SSSP Form 10

Task Analysis [TA]

Identify PPE to be used

NOTE: PPE may be used in conjunction with other methods of control but must never be the only method of control. Place a tick next to each item to be used as part of the control process.

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☐ Other

Sequence of basic steps	Potential hazards and risks	Initial risk	Control methods and level of control	Hierarchy of Control Level	Residual risk
Describe each step in the activity – most will have 4-8 steps. Follow the flow of the product or process	Describe the key hazards and risks for each step – there will normally be more than one per step.	What would the risk level be without controls? <i>Refer to the risk assessment matrix</i>	Describe the method/s that will be used to control the risk (refer to the hierarchy of controls for guidance)		What is the risk level after controls are in place? <i>Refer to the risk assessment matrix</i>
Step 6	6a				
	6b				
	6c				
	6d				

Task Analysis [TA] + Emergency Rescue / Response Plan

SSSP Form 10

Task Analysis [TA]

Identify PPE to be used

NOTE: PPE may be used in conjunction with other methods of control but must never be the only method of control. Place a tick next to each item to be used as part of the control process.

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☐ Other

Sequence of basic steps

Potential hazards and risks

Initial risk

Control methods and level of control

Hierarchy of Control Level

Residual risk

Describe each step in the activity – most will have 4-8 steps. Follow the flow of the product or process

Describe the key hazards and risks for each step – there will normally be more than one per step.

What would the risk level be without controls? *Refer to the risk assessment matrix*

Describe the method/s that will be used to control the risk (refer to the hierarchy of controls for guidance)

What is the risk level after controls are in place? *Refer to the risk assessment matrix*

Step 7	7a					
	7a					
	7b					
	7c					
	7d					









Task Analysis [TA] + Emergency Rescue / Response Plan

SSSP Form 10

Task Analysis [TA]

Identify PPE to be used

NOTE: PPE may be used in conjunction with other methods of control but must never be the only method of control. Place a tick next to each item to be used as part of the control process.

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☐ Other

Sequence of basic steps

Potential hazards and risks

Initial risk

Control methods and level of control

Hierarchy of Control Level

Residual risk

Describe each step in the activity – most will have 4-8 steps. Follow the flow of the product or process

Describe the key hazards and risks for each step – there will normally be more than one per step.

What would the risk level be without controls? *Refer to the risk assessment matrix*

Describe the method/s that will be used to control the risk (refer to the hierarchy of controls for guidance)

What is the risk level after controls are in place? *Refer to the risk assessment matrix*

Step 8	8a					
	8a					
	8b					
	8c					
	8d					



Task Analysis [TA] + Emergency Rescue / Response Plan

Using the Risk Assessment Matrix and Hierarchy of Controls

Risk Assessment Matrix		CONSIDER THE LIKELIHOOD OF A HAZARDOUS EVENT OCCURRING				
		Very unlikely to happen	Unlikely to happen	Possibly could happen	Likely to happen	Very likely to happen
CONSIDER THE SEVERITY OF INJURY/ILLNESS	Catastrophic (e.g fatal)	Moderate	Moderate	High	Critical	Critical
	Major (e.g Permanent Disability)	Low	Moderate	Moderate	High	Critical
	Moderate (e.g Hospitalisation/Short or Long Term Disability)	Low	Moderate	Moderate	Moderate	High
	Minor (e.g First Aid)	Very Low	Low	Moderate	Moderate	Moderate
	Superficial (e.g No Treatment Required)	Very Low	Very Low	Low	Low	Moderate

1. Determine risk by identifying the potential harm (horizontal rows).
2. Then choose the most realistic likelihood (vertical columns)
3. Where the two converge is the "Risk Level" for that situation.
4. Use the Control Hierarchy to guide the selection of control methods that will be applied
5. The risk level after controls MUST be significantly lower than the risk level without controls.
6. If the controls do not provide an acceptable level of risk reduction, the risk process must be repeated until the level is safe.
7. If the hazard itself cannot be completely removed (Elimination) then the focus must be on reducing severity or decreasing likelihood (or both) so as to reduce the risk level from what it originally was.
8. If the risk level cannot be sufficiently reduced, the entire activity must be reviewed and replanned until a safer alternative methodology is devised.

Hierarchy of controls

Most Effective ↓ Least Effective	ELIMINATE:	
	1	Eliminate the hazard remove it completely from your workplace. If this isn't reasonably practicable, then...
	MINIMISE:	
	2	Substitute the hazard (wholly or partly) with a safer alternative Isolate the hazard using physical barriers, time or distance Use engineering controls adapt tools or equipment to reduce the risk
	3	Use administrative controls develop methods of work, processes and procedures
	4	Use personal protective equipment (PPE) this is the last option after you have considered all the other options for your workplace

1. Applying the control hierarchy is the required method to provide an effective control to a hazard or high risk situation.
2. The most effective solutions are in sections 1 & 2 of the list. The reason they are effective is because they deal directly with the problem.
3. The least effective (sections 3 & 4) are weaker solutions because they rely heavily on people remembering to do something.
4. Neither section 3 or 4 should be used in isolation. On their own, neither of these have any effect on the actual problem.
5. Ultimately the solution should be a combination of sections 1 & 2 with assistance from sections 3 & 4.
6. Note that elimination does not necessarily mean eliminate the entire hazard, although that would be preferable. Elimination of parts of the problem may still significantly reduce the overall risk level. Consider the severity of injury/illness

Date

/

/

Company

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Task Analysis [TA] + Emergency Rescue / Response Plan

Emergency Rescue/Response Plan

You need to have a response plan to deal with any incidents that may require a rescue or containment or other emergency response as identified in the Site-Specific Safety Plan Agreement.

Please complete an Emergency Rescue/Response Plan for each identified activity. The subcontractor (PCBU 2) completes the plan, which does not replace any overarching Emergency Rescue/Response Plans put in place by the Main Contractor (PCBU 1). Consider the roles and responsibilities for yourself, trained specialists, equipment operators, and emergency services.

Describe type of emergency e.g. Fall from height while wearing a harness

Location

Describe work activity e.g. Working from MEWP and fall off

Main Contractor/Principal

Company

Describe the rescue method e.g. Safety watcher on the ground releases the bleed valve, and lowers the unit to the ground

Supervisor

Date

List any equipment required e.g. MEWP, cherry picker, scissor lift, ladder, breathing apparatus etc.

Name each person involved in the response

First name and last name

Their role or responsibility in the response is to

e.g. release the bleed valve

List the training required

e.g. competence using MEWP

Provide contact details

Phone number



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